

**St. Helena's** **Day(s) Requested for Religious E**  
**Religious Education Registration Form\Family Data Sheet**

Family Name  Home Phone

To whom and with what title should mail be addressed?

Address   
Number Street City/State/Zip

In case of Emergency Contact:

EmergencyPhone:  Emergency Relationship:

Father's Name  Religion:  Occupation:  Wk. Phone:

Mother's Name  Religion:  Occupation:  Wk. Phone:

Mother's Maiden Name

Child's Name <small>(last if different)</small>	Gender	Birth Date	Grade	School	Baptism Date <small>Church - City</small>	First Eucharist <small>Date</small>	Confirmation <small>Date</small>

Please specify if child(ren) have any special needs such as medical/learning etc.  Where did child(ren) participate in Religious Education last year if not at our Parish?

**Please check All that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> 2 parents at home   | <input type="checkbox"/> Dad has remarried                       |
| <input type="checkbox"/> Mother Deceased     | <input type="checkbox"/> Child(ren) with Dad                     |
| <input type="checkbox"/> Father Deceased     | <input type="checkbox"/> Child(ren) with Adult other than parent |
| <input type="checkbox"/> Divorced/Separated  | Name and Religion of Step-Parent                                 |
| <input type="checkbox"/> Mom has remarried   | _____  |
| <input type="checkbox"/> Child(ren) with Mom | _____  |

Name and address if mail should also go to non-custodial Parent

  
  


**FOR OFFICE USE ONLY:**  
 Amt. due: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Balance due: \_\_\_\_\_  
 Check #: \_\_\_\_\_ M.O. #: \_\_\_\_\_ Cash: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_